## PART B - FEE(S) TRANSMITTAL

\*Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correct maintenance fee notifica	correspondence including deliberation of directed of the street of the s	ng the Patent, advance of nerwise in Block 1, by (a	rders and notification of to a) specifying a new correction	naintenance fees w spondence address;	vill be mailed to and/or (b) ind	o the current of icating a separ	correspondence address as ate "FEE ADDRESS" for	
		ock 1 for any change of address)	Fee	(s) Transmittal Thi	is certificate car	anot be used to	domestic mailings of the r any other accompanying t or formal drawing, must	
<sup>26694</sup> VENABLE LI P.O. BOX 3438 WASHINGTON	LP .	0FC 04	192	Cer	tificate of Mail	ing or Transm		
		Agr.	- Care		<del></del>		(Depositor's name)	
		CATATI					(Signature)	
							(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DO	OCKET NO.	CONFIRMATION NO.	
10/535,236	10/04/2005	•	Ola Forslund		43327-21	18590	3756	
FITLE OF INVENTION ARRANGEMENT	N: METHOD FOR CO	NVERSION OF WAVE	GUIDE MODES, MODE	C-CONVERTING	ARRANGEME	NT AND AN	TENNĄ	
APPLN, TYPE	SMALL ENTITY	IȘSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TOTAL	L FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400 1440	\$300	\$0 12/05/20	07 ALGNDAF2	\$1700 80833095 22	12/05/2007 0261 10535236	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	01 FC:15		0.03 DA		
TAKAOKA	•	.2817	333-02100R			a.ce da		
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to or agents OR, alternati	a single firm (having as a member a ley or agent) and the names of up to ent attorneys or agents. If no name is				
. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	oe)				
PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIG		ified below, no assignee pletion of this form is NO	data will appear on the p T a substitute for filing an (B) RESIDENCE: (CITY			below, the doc	cument has been filed for	
SAAB AB			Linköping,	SWEDEN			•	
Please check the appropr	riate assignee category or	categories (will not be pr	. •		orporation or oth	ner private grou	ip entity Government	
Ba. The following fee(s)  Substitute Fee  Publication Fee (N  Advance Order -	No small entity discount p		D. Payment of Fcc(s): (Plea A check is enclosed.  Payment by credit can be Director is hereby overpayment, to Depo	d. Form PTO-2038	is attached.	any defic	ciencies	
	itus (from status indicate	•				*****		
	ns SMALL ENTITY state		b. Applicant is no lon	ger claiming SMAI	LL ENTITY star	tus. See 37 CF	R 1.27(g)(2).	
nterest as shown by the	records of the United Sta	ites Patent and Trademark	office.	ne applicant; a regi	sicica anomey	or agent; or the	assignce or other party in	
Authorized Signature	- 9m	Epul	La .	Date	12/4/07			
Typed or printed nam	e Eric J. Franl	klin		Registration N	io. 37,13	4		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/21 (10-07)

Approved for use through 10/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
der the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/535,236-Conf. #3756
Filing Date	October 4, 2005
First Named Inventor	Ola Forslund
Art Unit	2817
Examiner Name	D. O. Takaoka
Attorney Docket Number	69993-231658

ENCLOSURES (Check all that apply)						
X Fee Trans	mittal Form	Drawing(s)	After Allowance Communication to TC			
Fee Attached		Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences			
Amendment/Reply		Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
After Final		Petition to Convert to a Provisional Application	Proprietary Information			
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address	Status Letter			
Extension of Time Request		Terminal Disclaimer	X Other Enclosure(s) (please identify below):			
Express Abandonment Request		Request for Refund	PART B - FEE(S) TRANSMITTAL FOR ISSUE/PUBLICATION			
Information	Disclosure Statement	CD, Number of CD(s)				
Certified C Document	opy of Priority (s)	Landscape Table on CD				
Reply to Missing Parts/ Incomplete Application		Remarks				
Reply to Missing Parts under 37 CFR 1.52 or 1.53						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
	VENABLE LLP					
Signature	ure Girl MI					
Printed name	Eric J. Franklin					
Date	December 4, 2007	Reg. No.	37,134			

PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
R. Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/0	Complete if Known						
Fees pursuant to the Consolidated Appro	Application Number 10/535,236-Conf. #3756						
FEE TRANS	Filing Date October 4, 200		)5				
For FY 2	First Named Inv	-	Ola Forslund				
	Examiner Name D. O. Takaol						
Applicant claims small entity st	<del></del>		Art Unit 2817			· · · · · · · · · · · · · · · · · · ·	
TOTAL AMOUNT OF PAYMENT	(\$) 1,740.0	00	Attorney Docket No. 69993-231658				
METHOD OF PAYMENT (chec	ck all that apply)						
Check Credit Card Money Order None Other (please identify):							
X Deposit Account Deposit Account	nt Number: 22	-0261	Deposit	Account Name;	Ve	nable LLF	· · · · · · · · · · · · · · · · · · ·
For the above-identified de	posit account, the [	Director is	hereby authorize	ed to: (checl	call that apply)		
x Charge fee(s) indicat	ed below		Charg	e fee(s) indi	cated below, ex	cept for t	he filing fee
X Charge any additiona fee(s) under 37 CFR		yments o	f x Credit	any overpa	yments		
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND	<b>EXAMINATION FE</b>						
1	FILING FEES Small Entity	SE	ARCH FEES Small Entity	EXAMIN.	ATION FEES Small Entity		
Application Type Fee		Fee (\$		Fee (\$)	Fee (\$)	Fees	Paid (\$)
Utility 31	0 155	510	255	210	105		
Design 21	0 105	100	50	130	65		
Plant 21	0 105	310	155	160	80		
Reissue 31	0 155	510	255	620	310		
Provisional 21	0 105	0	0	0	0		
2. EXCESS CLAIM FEES							Small Entity
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including Rei	•					50	25
Each independent claim over 3 (in	cluding Reissues)					210	105
Multiple dependent claims		***				370	185
Total Claims Extra Claims		F00 I	Paid (\$)		Itiple Depende		
- 20 = HP = highest number of total claims paid	for, if greater than 20.			Fee	<u>= (\$)</u>	Fee Paid (	ត
Indep. Claims Extra Claims	Fee (\$)	Fee I	Paid (\$)			-	
-3=	× = _						
HP = highest number of independent clai	ms paid for, if greater th	an 3.					
3. APPLICATION SIZE FEE  If the specification and drawings	aveced 100 sheets	ofnonor	(avaluding alaat	ronically fil	ad saguanga or	computer	
listings under 37 CFR 1.52(e)							0
sheets or fraction thereof. See					,,		-
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
- 100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1501 Utility issue fee 1,440.00 1504 Publication fee for early, voluntary, or normal 300.00							
SUBMITTED BY	Chall	7	Registration No.	27 124	Tolonhara	(202) 34	14 4036
Signature 2	yvux	<u> </u>	(Attorney/Agent)	37,134	Telephone	<del></del>	
Name (Print/Type) Eric J. Franklin	·				Date	Decembe	r 4, 2007